(Caption of Case) Example: Application for a Class of Charten Artification John Doe dba Dees brino JAN 26 2011 JAN 26 2011 Please type or print) Submitted by: Benjamin wewis Summer ville, SC 29483 NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service of	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET DOCKET NUMBER: 2011 - 43 - 1 If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above. Telephone: (843) 821 - 0431 Fax: (843) 871 - 9257 Cell Phone (843) 991-47 Email: Lewben 1325@ 4+t, Net- es nor supplements the filing and service of pleadings or other papers Commission of South Carolina for the purpose of docketing and must
be filled out completely. NATURE OF ACTION	
Application - Class A/A Restricted Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency Application - Class C Stretcher Van Application - Class E Household Goods Application - Class E Hazardous Waste Application Request for Extension to Comply with Order Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded Request for Cancellation of Certificate Request for Suspension	Exhibit

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

god

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210 227821

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

2011-43-T

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

•	RECEIVE	Date: January	21, 2011
CLASS C - CHARTER	JAN 26 2011		
Application is hereby made for a Cer of S.C. Code Ann., § 58-23-10, et sec	tificate of Public Convenients to (1976), and amendments t	ce and Necessity, in accordan hereto.	ice with the provision
Benjamin L 1. Name under which business is to be compared to the compared to			h or without trade name.)
hewis & hewis	Iransportatio	N Services	
102 Garden Hill Ro	•		
Maili	MA ng Address of Applicant if dif	ferent from street address	
(843) 991-4973 Phone	(843) 821-043)	(843) 871- 925 Fax	7
lewben 1325 @	Q++. Net Email Addre	ess	
 If incorporated, a copy of Articles Secretary of State "Foreign Corporated" 	s of Incorporation must be a pration" Certificate.)	ttached. (If incorporated outsi	lde of SC, attach SC
3. Select Entity Type: (Check one) Individual Owner/Sole Propi Partnership - List names and		og an interest in the business.	
☐ Corporation - List names and			
		OHIOX3.	
Benjamin Lewis	5		
		<u> </u>	

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance	at Time Applica	tion is Fil	ed:
Month	January 21	Year 🚄	1011

Assets:

2.1 S

Assets:	
Cash	. Ә
Receivables	Ð
Real Estate	5
Buildings and Equipment (Net)	\$ 15,000.00
Motor Vehicles (Net)	θ.
Garage Equipment (Net)	ð
Machinery and Tools (Net)	Ð
Supplies on Hand	Ó
Prepaids and Other Assets	ð
Total Assets	\$ 15,000.60
· · · · · · · · · · · · · · · · · · ·	,
Liabilities and Equity:	Ð
Accounts Payable	A
Notes Payable	Ð
Mortgages Payable	A
Equipment Obligations	ð
Accrued Salaries and Wages	0
Other Accrued Obligations	· · ·
Other Liabilities	ð
Total Liabilities	· <i>O</i>
Capital Stock	8
Retained Earnings	Ð
Total Equity	θ
Total Liabilities and Equity	A

PROPOSED RATES AND CHARGES FOR SERVICE

D. 19 to 10		
Maximum Proposed Rates and Charges for Service are as follows:		
\$ 2.80 Per Mile		
(
· ·		
Counties to be Served:		
Counties to be Served.		
Docche Stor Challed Barble Counties		
Dorchester, Charleston and Berkley Counties		
$oldsymbol{\cdot}$		
Maximum Number of Passengers per Vehicle:		
1) & Passence Val		
11 X Dade and - Mail		

11 (11 1 1 1 **1**

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL		VIN#		GHT PTY	SEATING CAPACITY
Ford	2009	Econoline.	FMNE/ILA9D	A74607_	<u>5541</u>	8
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		4				
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INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:	
PINIS +	Name of Motor Carrier
	Name of Motor Carrier
102 Garden H	Name of Motor Carrier 11 RUAD Summerville 50 29483
1 NO CARDER !!	Address of Motor Carrier
Amount of Premium:	Limits Quoted: (Sec Below)
Amount of A tringman	
Liability Insurance \$ 4000.0	1 Limits 25/100/25
The above quoted premium is for a t	erm of 12 months.
Minimum Limits - Intrastate Only	;
1-7 Passengers	\$ 25,000/50,000/23,000
8-15 Passongers	\$ 25,000/100,000/25,000
Courhan	ru United Fire
Souther	Name of Insurance Company
р О Вох 1904	
	Home Office Address of Company
I am familiar with the Commission's meets the minimum insurance limits South Carolina Department of Insur 1/21/2011	s Rules and Regulations relating to insurance requirements and the above quote is prescribed. The insurance company making this quote is authorized by the sance to do business in South Carolina.
Date	Authorized Insurance Company Representative's Signature
NOTICE: If you wish to self-insure your modern. Sections 56-9-60 and 58-23-5 Volicles at (803) 896-8457.	tor vehicles for liability and property damage, you must comply with S.C. Code 910. For more information, contact Vickie Coker with the Department of Motor

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

5 of 9

TO: Teddseapp

8438719857

JAN-21-2011 15:46 FROM: UIRGINIA B LEWIS

Exhibit FWA

Benjamin	hewi's	
		Name of Applicant

1.		there currently any ou Yes	tstanding judgments against the Applicant? Ø No
	If Y	es, indicate nature of	judgement(s) against applicant.
		N/A	
2.	carr	applicant familiar with fier operations in Sout outes and regulations?	all statutes and regulations, including safety regulations and governing for-hire motor h South Carolina, and does Applicant agree to operate in compliance with these
		Yes	○ No
3.		applicant aware of the	Commission's insurance requirements and the insurance premium costs associated
		Yes	O No

Exhibit on Driver Qualifications

1.	Applicant understands that all drivers must be a minimum of 18 years of age.		
	Ø	Yes) No
2.	and su	cant understands that a sch record from the DN intained in the Applica	certified copy of the driver's three (3) year driving record issued by the SC DMV V of the state in which the driver is or has been domiciled for such period must it's business office.
	P	Yes	O No
3.	Appli must l	cant understands that a be maintained in the A	criminal history background check from the state where the driver currently lives plicant's business office.
	P	Yes	•M C
4.	their p	cant understands that a possession when opera of residence of the driv	I drivers operating a vehicle under a Class C Charter Certificate must have in ng a charter vehicle, a valid driver's license issued by the SC DMV or the current r.
	Q	Yes	ON C
5.	vehic	les to drivers who are:	l Class C Charter Certificate holders are prohibited from employing or leasing gistered, or required to be registered, as sex offenders with the South Carolina sion or any national registry of sex offenders.
	Q	Yes	○ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA	
county of Dorchester)	Beyoni Zerra Applicant's Signature

	•
I, Benjamin Lewis Name of Applicant's Representative	, OWILLER Title
	11/10
of Benjamin Lewis	,
	Applicant nience and Necessity as set forth in the foregoing, swear or
affirm that all statements contained in the above a	application are true and correct.
	Acriemania Louis
	Signature of Applicant's Representative
SWORN TO BEFORE ME	
This _2 day of fanuary, 20	
Thomas Bharling	•
Notary Public	
Commission Expires (Ct 22, 2020)	
Commission Dispired CA 1 CO 1 CO 1 CO	